FORM D



UNITED STATES SECURITIES AND EXCHANGE COMMISSION . Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR **UNIFORM LIMITED OFFERING EXEMPTION**

1361060

OMB APPROVAL OMB Number: 3235-0076 Expires: April 30, 2008 Estimated average burden hours per response16.00

SEC USE ONLY					
Prefix		Serial			
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Name of Offering (☐ check if this is an amendment and name has changed, and indicate change.) ReachCapital International Fund I, Ltd.
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6) Sulla ULOE
Type of Filing: New Filing Amendment
A. BASIC IDENTIFICATION DATA
1. Enter the information requested about the issuer
Name of Issuer (check if this is an amendment and name has changed, and indicate change.) ReachCapital International Fund I, Ltd.
Address of Executive Offices (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code) 500 Mamaroneck Avenue, Suite 102 Harrison, New York 10528
300 Maintaioneck Avenue, Suite 102, Hairison, New York 10320
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices) Telephone Number (Including Area Code) PROCES
Brief Description of Business
Hedge Fund
Type of Business Organization corporation
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State: CN for Canada; FN for other foreign jurisdiction) F N
GENERAL INSTRUCTIONS
Federal:
Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S. 77d(6).
When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which is due, on the date it was mailed by United States registered or certified mail to that address.
Where To File: U.S. Securities and Exchange Commission, 450 Fifth Avenue, N.W., Washington, D.C. 20549.
Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.
Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any change thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need to be filed with the SEC.
Filing Fee: There is no federal filing fee.
State: This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sale are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shaccompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part this notice and must be completed.
ATTENTION
Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

SEC 1972 (5-05)

Potential persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

Doc #:NY7:260150.1

1 of 5

	A. BASIC IDEN	TIFICATION DATA		,
Enter the information requested for the following Each promoter of the issuer, if the issuer have Each beneficial owner having the power to well the executive officer and director of corporate to the executive officer and director of corporate to the executive officer and director of particles.	is been organized within vote or dispose, or direc rate issuers and of corp	ct the vote or disposition of,		• •
Check Box(es) that Apply: ☐ Promoter ☐	Beneficial Owner	☐ Executive Officer	☑ Director	General and/or Managing Partner
Full Name (Last name first, if individual) Pieter Taselaar				
	and Street, City, State,	•		
c/o ReachCapital Management, LLC, 5	00 Mamaroneck	Avenue, Suite 102,	Harrison, NY	10528
Check Box(es) that Apply: ☐ Promoter ☐	Beneficial Owner	☐ Executive Officer	☑ Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual) Nigel Hart				
Business or Residence Address (Number a c/o ReachCapital Management, LLC, 5	and Street, City, State, 00 Mamaroneck		Harrison, NY	10528
Check Box(es) that Apply: ☐ Promoter ☐	Beneficial Owner	☐ Executive Officer	Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual)				
ReachCapital Management, LLC				
Business or Residence Address (Number a 500 Mamaroneck Avenue, Suite 102, H	and Street, City, State	·		
	Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual)				
Business or Residence Address (Number	and Street, City, Stat	e, Zip Code)		
Check Box(es) that Apply: Promoter	Beneficial Owner	☐ Executive Officer	Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual)				
Business or Residence Address (Number a	and Street, City, State	, Zip Code)		
Check Box(es) that Apply: Promoter	Beneficial Owner	☐ Executive Officer	Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual)				
Business or Residence Address (Number a	and Street, City, State	, Zip Code)		
Check Box(es) that Apply: Promoter	Beneficial Owner	☐ Executive Officer	Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual)				
Business or Residence Address (Number a	and Street, City, State	, Zip Code)		

(Use blank sheet, or copy and use additional copies of this sheet, as necessary)

						B. INFOI	RMATIO	N ABOU'	Γ OFFER	ING				
	lles 45	ine	lal == -1-:	46.4.1									Yes	No ⊠
1.	•								. ⊔	\boxtimes				
2.	Answer also in Appendix, Column 2, if filing under ULOE. 2. What is the minimum investment that will be accepted from any individual? (Subject to the discretion of the									\$10	00 000			
~	Investment Manager to accept lesser amounts)									<u>\$ 1,000,000</u>				
3.	3. Does the offering permit joint ownership of a single unit?							Yes · ⊠	No □					
4.	commis If a pers or states	sion or si son to be I s, list the	milar remu isted is an name of th	ineration f associate ne broker d	or solicitat d person o	ion of pur or agent of f more tha	chasers in a broker on five (5) p	connection or dealer repersons to	on with sall egistered with be listed	les of secr vith the SE	urities in t EC and/or	irectly, any he offering. with a state ons of such		
	•	ast name Grou	first, if indi	ividual)										
			·	(Number a	and Street,	City, State	e, Zip Code	- <u></u>						
					as, 30	-	-		New Y	ork 10	036			
Nan	ne of Ass	ociated B	roker or D	ealer								i		
Stat	tes in Wh	ich Perso	n Listed H	as Solicite	d or Intend	ls to Solici	Purchase	ers						
	(Check "All States" or check individual States)									. 🗌 All Sta	tes			
	AL	AK	AZ	AR	CA	CO	CT	DE	DC	FL	GA	HI	ID	
	IL	IN	IA	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO	
	MT	NE	NV	NH	NJ	NM	NY	NC	ND	OH	OK	OR	PA	
	RI	SC	SD	TN	X	UT	VT	VA	WA	WV	WI	WY	PR	
Full	Name (L	ast name.	first, if ind	ividual)		·····								
Bus	iness or l	Residence	Address	(Number a	and Street,	City, State	e, Zip Cod	e)		***************************************			-	
Nan	Name of Associated Broker or Dealer													
Sta	States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)										ates			
	AL	AK	AZ	AR	CA	CO	CT	DE	DC	FL	GA	HI	ID	
	IL	IN	IA	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO	
	MT	NE	NV	NH	NJ	NM	NY	NC	ND	ОН	OK	OR	PA	
	RI	SC	SD	TN	TX	UT	VT	VA	WA	WV	WI	WY	PR	
Full	Full Name (Last name first, if individual)													
Bus	Business or Residence Address (Number and Street, City, State, Zip Code)													
Nar	ne of Ass	sociated B	roker or D	ealer										
Sta	tes in Wh	ich Perso	n Listed H	as Solicite	d or Intend	ds to Solici	t Purchase	ers				-		
	(Check													ates
	AL	AK	AZ	AR	CA	CO	CT	DE	DC	FL]	GA	HI	ID	
	IL	IN]	IA	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO	
	MT	NE	NV	[NH]	NJ	NM	NY	NC	ND	OH	OK	OR	PA	
	RI	SC	SD	TN	TX	UT	VT	VA	WA	WV	WI	WY	PR	

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

	Type of Security	Aggregate Offering Price		Amo	unt Aiready Sold
	Debt	\$ <u>N/A</u>		\$	N/A_
	Equity	\$ <u>1,000,000,000</u>		\$2,	175,000
	☐ Common ☐ Preferred				
	Convertible Securities (including warrants)	\$N/A		\$	N/A
	Partnership Interests	\$N/A		\$	N/A
	Other (Specify)	\$N/A		\$	N/A
	Total	\$ <u>1,000,000,000</u>		\$ <u>2,</u>	175,000
	Answer also in Appendix, Column 3, if filing under ULOE.				
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."			٨	
		Number Investors		Dol	ggregate lar Amount Purchases
	Accredited Investors	2		\$ <u>2,</u>	175,000
	Non-accredited Investors	0		\$	0
	Total (for filings under Rule 504 only)	N/A		\$	N/A
	Answer also in Appendix, Column 4, if filing under ULOE.				
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C —Question 1.	Type of		Dol	lar Amount
	Type of Offering	Security		D01	Sold
	Rule 505	N/A		\$	N/A_
	Regulation A	N/A		\$	N/A
	Rule 504	N/A		\$	N/A
	Total	N/A		\$_	N/A
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.				
	Transfer Agent's Fees]	\$ <u>0</u>	
	Printing and Engraving Costs)	\$ <u>0</u>	
	Legal Fees			\$ <u>0</u> _	
	Accounting Fees]	\$ <u>0</u>	
	Engineering Fees		3	\$ <u>0</u>	
	Sales Commissions (specify finders' fees separately)		3	\$ <u>4,</u>	525
	Other Expenses (identify)]	\$ <u>0</u> _	
	Total		7	\$ <u>4,</u>	E0 <i>E</i>

Salari Purch and ed Const Acquis offerin issuer	elow the amount of the adjusted groepurposes shown. If the amount for the left of the estimate. The tot to the issuer set forth in response the sand fees		Payments to Officers, Directors, & Affiliates	· · · · · · · · · · · · · · · · · · ·
Salari Purch Purch and ed Const Acquis offerin issuer Repay	ies and fees	ion of machinery	Officers, Directors, & Affiliates \$0	Others
Purch Purch and ed Const Acquis offerin issuer Repay	rase of real estate	ion of machinery	Officers, Directors, & Affiliates \$0	Others
Purch Purch and ed Const Acquis offerin issuer Repay	rase of real estate	ion of machinery	🗆 \$0	· · · · · · · · · · · · · · · · · · ·
Purch and ed Const Acquis offerin issuer Repay	ase, rental or leasing and installat quipment	ion of machinery		□ \$0
and ed Const Acquis offerin issuer Repay	quipment truction or leasing of plant building sition of other businesses (includir ng that may be used in exchange f			, - ·
Acquis offerin issuer Repay	sition of other businesses (includiring that may be used in exchange f	s and facilities	🗆 \$0	\$0
offerin issuer Repay	ng that may be used in exchange f	o and radiii.	🗆 \$0	□ \$0
Repay	·	ng the value of securities involved in this or the assets or securities of another		
Worki				
	ng capital			\$\$2,170,475
Other	(specify):		\$0	□ \$0
			_	
Colum	nn Totals		🗆 \$0	\$\$2,170,475
Total I	Payments Listed (column totals ac	ided)		\$\$2,170,475
		D. FEDERAL SIGNATURE		
signature const he information t ssuer (Print or	itutes an undertaking by the iss furnished by the issuer to any non	ned by the undersigned duly authorized person. If the uer to furnish to the U.S. Securities and Exchange (accredited investor pursuant to paragraph (b)(2) of Rule Signature	Commission, upon writter	n request of its staff,
Ltd.	ai international i unu i,		reptember, 2000	,
Name of Signer	(Print or Type)	Title of Signer (Print or Type) Director		